

CROWSON
VS
WASHINGTON COUNTY

RYAN T. BORROWMAN

April 17, 2018



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April 17, 2018

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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

3 * * *

4 MARTIN CROWSON,

)

)

5 Plaintiff,

)

) Case No. 2:15-cv-00880

6 vs.

)

) Deposition of:

7 WASHINGTON COUNTY,

)

et al.,

)

) RYAN T. BORROWMAN

8 Defendants.

)

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10
11 **COPY**

12 April 17, 2018

13 1:00 p.m.

14
15 WASHINGTON COUNTY TREASURER OFFICE
16 197 East Tabernacle Street
17 St. George, Utah

18
19 * * *

20 Linda Van Tassell
21 - Registered Diplomate Reporter -
22 Certified Realtime Reporter
23
24
25

April 17, 2018

<p style="text-align: right;">2</p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>1 For the Plaintiff: Ryan J. Schriever</p> <p>2 SCHRIEVER LAW FIRM</p> <p>3 51 East 800 North</p> <p>4 Spanish Fork, Utah 84660</p> <p>5 For the Defendant Frank D. Mylar</p> <p>6 Washington County: MYLAR LAW, PC</p> <p>7 2494 Bengal Boulevard</p> <p>8 Salt Lake City, Utah 84121</p> <p>9 For the Defendant Gary T. Wight</p> <p>10 Larrowe: KIPP & CHRISTIAN</p> <p>11 10 Exchange Place, 4th Floor</p> <p>12 Salt Lake City, Utah 84111</p> <p>13 Also Present: Brian Graf</p> <p>14 * * *</p> <p style="text-align: center;">I N D E X</p> <p>15 EXAMINATION PAGE</p> <p>16 By Mr. Schriever 3</p> <p>17 By Mr. Wight 46</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">3</p> <p style="text-align: center;">P R O C E E D I N G S</p> <p>1 RYAN T. BORROWMAN,</p> <p>2 called as a witness on behalf of the plaintiff,</p> <p>3 being duly sworn, was examined and testified as</p> <p>4 follows:</p> <p>5 EXAMINATION</p> <p>6 BY MR. SCHRIEVER:</p> <p>7 Q. Please state your full name.</p> <p>8 A. Ryan T. Borrowman.</p> <p>9 Q. How do you spell Borrowman?</p> <p>10 A. B-o-r-r-o-w-m-a-n.</p> <p>11 Q. What is your date of birth?</p> <p>12 A. November 8, 1975.</p> <p>13 Q. Where do you currently live?</p> <p>14 MR. MYLAR: I want to object to his</p> <p>15 personal address.</p> <p>16 Q. Sure.</p> <p>17 A. Washington Fields.</p> <p>18 Q. How long have you lived in Washington</p> <p>19 Fields?</p> <p>20 A. Maybe four years.</p> <p>21 Q. Do you have any plans of moving anytime</p> <p>22 soon? Is that no?</p> <p>23 A. Yeah. No. Sorry, I forgot.</p> <p>24 Q. I know you've had a chance to talk with</p> <p>25</p>
<p style="text-align: right;">4</p> <p>1 your attorney about what a deposition is. I like to</p> <p>2 always explain a little bit at the beginning. Your</p> <p>3 deposition is my chance to ask you questions.</p> <p>4 You're under oath so you're obligated to tell the</p> <p>5 truth. What I'm after is your recollection and</p> <p>6 memories of events. I may also ask you for your</p> <p>7 interpretation of some facts --</p> <p>8 A. Okay.</p> <p>9 Q. -- your mental impressions. If I ask</p> <p>10 you for the mental impressions of other people, your</p> <p>11 attorney will probably object.</p> <p>12 A. Okay.</p> <p>13 Q. In most situations like that he can</p> <p>14 object and I can still ask you to answer the</p> <p>15 question --</p> <p>16 A. Okay.</p> <p>17 Q. -- because we can try to figure out how</p> <p>18 it is you come to think things or know things.</p> <p>19 A. Okay.</p> <p>20 Q. He's preserving the objection for later</p> <p>21 on if we have to go to court and I try to use it for</p> <p>22 reasons he doesn't think is proper.</p> <p>23 A. Right.</p> <p>24 Q. Along those lines, everything that you</p> <p>25 or I or anybody here says is being recorded and will</p>	<p style="text-align: right;">5</p> <p>1 be written down in booklet. So if I do remind you</p> <p>2 to say yes or no if you've shaken your head, I'm not</p> <p>3 trying to be rude.</p> <p>4 A. Yeah.</p> <p>5 Q. If you need to take a break for any</p> <p>6 reason at all just let me know. That's not a big</p> <p>7 deal.</p> <p>8 A. All right.</p> <p>9 Q. If I ask you a question that you don't</p> <p>10 feel like you can completely or honestly answer or</p> <p>11 if you don't understand a question that I'm asking,</p> <p>12 tell me that and I will do my best to try to</p> <p>13 rephrase it.</p> <p>14 A. Okay.</p> <p>15 Q. Any questions about the deposition</p> <p>16 process?</p> <p>17 A. Not that I understand.</p> <p>18 Q. Okay. What is your current job with</p> <p>19 Washington County?</p> <p>20 A. I'm not currently employed with them.</p> <p>21 Q. Where do you work?</p> <p>22 A. Riverview Medical as a doctor of nursing</p> <p>23 practice.</p> <p>24 Q. When did you stop working for Washington</p> <p>25 Jail?</p>

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<p style="text-align: right;">6</p> <p>1 A. Close to three years, maybe two and a</p> <p>2 half, I think. I don't recall exactly. It's been a</p> <p>3 while.</p> <p>4 Q. What was the reason you stopped working</p> <p>5 for Washington County?</p> <p>6 A. I gave a resignation because I was going</p> <p>7 to work in addiction medicine where I became a nurse</p> <p>8 practitioner.</p> <p>9 Q. Where did you go to work first after</p> <p>10 Washington County?</p> <p>11 A. Brookstone Medical Center.</p> <p>12 Q. How long did you work there?</p> <p>13 A. About six to -- I don't recall dates</p> <p>14 very well so this is -- probably six to eight</p> <p>15 months.</p> <p>16 Q. What kind of work were you doing at</p> <p>17 Brookstone?</p> <p>18 A. Addiction medicine for heroin addiction</p> <p>19 and opioid addiction.</p> <p>20 Q. As a nurse practitioner are able to</p> <p>21 prescribe medication?</p> <p>22 A. I am. But when I was working the county</p> <p>23 I was not.</p> <p>24 Q. Okay. After Brookstone, where did you</p> <p>25 work?</p>	<p style="text-align: right;">7</p> <p>1 A. Desert Pain Management, Desert Pain and</p> <p>2 Spine.</p> <p>3 Q. Were you doing pain management medicine</p> <p>4 there?</p> <p>5 A. Yes.</p> <p>6 Q. Any addiction medicine?</p> <p>7 A. No. That's where I got my Suboxone and</p> <p>8 I was working on my doctorate which had to do with</p> <p>9 safe opioid management just because of the crisis</p> <p>10 that's going on so my doctorate was focused on that</p> <p>11 and I was trying to implement that at Desert Pain.</p> <p>12 Q. So we can call you Dr. Borrowman?</p> <p>13 A. No, you can't because when I worked at</p> <p>14 the jail, no.</p> <p>15 Q. Where did you get your doctorate?</p> <p>16 A. What's that?</p> <p>17 Q. Where did you get your doctorate?</p> <p>18 A. Frontier Nursing University. It's in</p> <p>19 Kentucky.</p> <p>20 Q. And after the pain management clinic</p> <p>21 where did you go next?</p> <p>22 A. Riverview, where I'm currently at.</p> <p>23 Q. How long were you with the county?</p> <p>24 A. Almost ten years.</p> <p>25 Q. Where did you work before the county?</p>
<p style="text-align: right;">8</p> <p>1 A. It was a care center, Red Cliffs Care</p> <p>2 Center.</p> <p>3 Q. Was it an assisted nursing facility?</p> <p>4 A. Uh-huh.</p> <p>5 Q. Is that yes?</p> <p>6 A. Yes. Sorry.</p> <p>7 Q. Obviously you've changed now to where</p> <p>8 you're a nurse practitioner but were you were an RN</p> <p>9 before?</p> <p>10 A. Yes.</p> <p>11 Q. Ever an LPN?</p> <p>12 A. I was for a year.</p> <p>13 Q. What year did you get your LPN?</p> <p>14 A. It was around 2005 or 2000 -- I think</p> <p>15 2005.</p> <p>16 Q. When did you get your RN?</p> <p>17 A. A year later from whenever -- I had one</p> <p>18 year left.</p> <p>19 Q. Okay. And that would have been about</p> <p>20 the time you were working for the county in the</p> <p>21 jail?</p> <p>22 A. Right. It wasn't very long after that I</p> <p>23 started working there.</p> <p>24 Q. In the ten years that you were with the</p> <p>25 county did you always work in the jail?</p>	<p style="text-align: right;">9</p> <p>1 A. Yes.</p> <p>2 Q. Where did you get your RN?</p> <p>3 A. My RN from Dixie State University, but</p> <p>4 it wasn't Dixie State University at that time.</p> <p>5 Q. It's changed.</p> <p>6 A. It's growing.</p> <p>7 Q. And then your LPN?</p> <p>8 A. Same.</p> <p>9 Q. Have you ever had -- well, let's not go</p> <p>10 to ever. I'm going to try to break things up so</p> <p>11 that we're talking about the knowledge and</p> <p>12 experience and qualifications you had at the time</p> <p>13 when this incident with Mr. Crowson happened, which</p> <p>14 was June of 2014. I understand that since that time</p> <p>15 your education and experience has expanded quite a</p> <p>16 bit. So when I'm asking these questions I want you</p> <p>17 to try to remember what it was at that time.</p> <p>18 A. I'll try to do that.</p> <p>19 Q. In connection with your work at the</p> <p>20 prison, had you received training in relation to</p> <p>21 recognition of brain injuries?</p> <p>22 A. No specific training that I can</p> <p>23 remember.</p> <p>24 Q. How about as part of your LPN or RN</p> <p>25 training?</p>

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<p style="text-align: right;">10</p> <p>1 A. Yes, there's courses there that we take. 2 I don't remember specifically but we do touch on 3 psychological and behavioral problems during those 4 years. 5 Q. How about recognition of alcohol 6 withdrawal symptoms? 7 A. Yes. Both in my LPN and my RN year. 8 And then we would also review those I think in our 9 yearly trainings, I believe. I'm not 100 percent 10 sure but I know it was very highly -- it's a highly 11 discussed topic since we see so many people. I 12 don't know if it was inhouse or in our yearly 13 training. 14 Q. What yearly training did you do? 15 A. The county has yearly training. Just 16 staff training that they do. 17 Q. And you address alcohol withdrawal 18 symptoms specifically? 19 A. Not that I really -- I don't know that I 20 can recall exactly if it was specific or not. 21 Q. Do you recall if it was specific to 22 withdrawal from other types of drugs? 23 A. There was a section every year but maybe 24 I'm -- it seems like that's where it was at. I 25 can't recall exactly.</p>	<p style="text-align: right;">11</p> <p>1 Q. How would you describe the training? 2 What did they teach you? 3 A. Number one, to notice when somebody is 4 behaving differently and pupil dilation, those types 5 of things where they could be showing signs of being 6 on a stimulant, or pupil constriction that could be 7 showing signs of brain or alcohol, those types of 8 things. They tried to keep it pretty simple, 9 especially so deputies even would be able to 10 recognize it. 11 Q. Did they have any type of assessment 12 that you could do to determine the severity of 13 withdrawals so they could determine what treatment 14 is appropriate? 15 A. At the time -- I don't know if it's 16 there any longer but one of the nurses posted on a 17 little whiteboard that we had a thing that showed 18 specifically heroin and alcohol withdrawal but 19 didn't show anything for meth or -- but I don't even 20 know if that's there anymore. 21 Q. Do you know what the criteria were? 22 A. Heroin you go through the -- there was a 23 point scale for like if you saw goose bumps or if 24 their pupils were dilated or if they were sweating, 25 tremors in their hands, those types of things, and</p>
<p style="text-align: right;">12</p> <p>1 you would add up the point system and that would 2 tell you how bad they were in heroin withdrawal. 3 Alcohol withdrawal, I don't recall there 4 being a point system but it was you were looking for 5 delirium and then you were looking for tremors and 6 looking for unstable vital signs. That's all I 7 remember. There could have been more but that's all 8 I remember of it. 9 Q. Would that include an increase in 10 anxiety? 11 A. For which one? 12 Q. For alcohol? 13 A. I don't recall if that was on that list. 14 I know that I knew that, to be looking for anxiety 15 issues. 16 Q. You say you knew that? 17 A. Uh-huh. Where I picked it up, I don't 18 recall. I don't know if it was on that paper. 19 Q. How about hallucinations? 20 A. That would be delirium. 21 Q. Is change in mental status something 22 different than delirium? 23 A. No. That's what you would be looked for 24 with alcohol withdrawal. 25 Q. How about a temperature above 100.4, is</p>	<p style="text-align: right;">13</p> <p>1 that something you would look for? 2 A. If it is, I don't remember that. I'm 3 sure it probably is but -- 4 Q. Increases or decreases in blood pressure 5 and heart rate? 6 A. Right. Stable vital signs is -- 7 Q. What about insomnia? 8 A. That would be on the list but you would 9 have to take into account everything else for 10 insomnia to really be a specific concern. Pretty 11 much everyone in the jail could have insomnia just 12 because of the location. If someone just came to me 13 and said, "I've got insomnia," I wouldn't be 14 thinking alcohol withdrawal. 15 Q. Okay. How about abdominal pain? 16 A. If that's on the list, I don't recall 17 it. 18 Q. Changes in responsiveness of pupils? 19 A. Yeah. That would be the -- I think I 20 mentioned that already. 21 Q. What about heightened deep tendon 22 reflexes? 23 A. Yes. 24 Q. Ankle clonus? 25 A. Yes. And that can also be back</p>

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<p style="text-align: right;">14</p> <p>1 injuries, so that alone you wouldn't be thinking</p> <p>2 alcohol withdrawal.</p> <p>3 Q. But if you saw somebody that had most or</p> <p>4 all of these --</p> <p>5 A. Oh, yeah. It would be -- I would be</p> <p>6 thinking alcohol withdrawal.</p> <p>7 Q. Okay. And did the jail have criteria</p> <p>8 like this that you were required to use when</p> <p>9 determining alcohol withdrawal?</p> <p>10 A. Mostly I went off memory. I don't</p> <p>11 remember if there was anything specific. We were</p> <p>12 all trained in that.</p> <p>13 Q. Did the jail have criteria that you</p> <p>14 would look at if you were considering a brain</p> <p>15 injury?</p> <p>16 A. There was the Glasgow Coma Score --</p> <p>17 Glas-cow, however you want to say it.</p> <p>18 Q. After Dr. Glasgow, who was a woman by</p> <p>19 the way.</p> <p>20 A. I did not know that.</p> <p>21 Q. It's on Facebook.</p> <p>22 A. It could be or couldn't be true.</p> <p>23 Q. It's on the Internet. Any other</p> <p>24 criteria you'd look at other than the Glasgow Coma</p> <p>25 Score?</p>	<p style="text-align: right;">15</p> <p>1 A. No. That was pretty much the deciding</p> <p>2 one.</p> <p>3 Q. Are you familiar with the CIWA-AR scale</p> <p>4 of alcohol withdrawal?</p> <p>5 A. Yeah. I wouldn't be able to -- I've</p> <p>6 encountered it. That was one of the scales that was</p> <p>7 used when I was working at Brookstone but I didn't</p> <p>8 commit it to memory. I wouldn't be able to recite</p> <p>9 it back to you.</p> <p>10 Q. Okay. All right. While you were</p> <p>11 working at the jail did you ever record notes or</p> <p>12 charts outside of CorEMR?</p> <p>13 A. No, I didn't.</p> <p>14 Q. And when you would make an entry into</p> <p>15 CorEMR, was that your own account? You had a</p> <p>16 password --</p> <p>17 A. Yes.</p> <p>18 Q. -- that would log you in?</p> <p>19 A. Right.</p> <p>20 Q. And if you entered a note, would it</p> <p>21 automatically assign you as the person doing that?</p> <p>22 A. Yes.</p> <p>23 Q. Did it also automatically assign a date</p> <p>24 and timestamp?</p> <p>25 A. That was my understanding, although I</p>
<p style="text-align: right;">16</p> <p>1 didn't look into how it actually did things and kept</p> <p>2 track in a database. I just assumed that it did.</p> <p>3 Q. Did you have access to go back in and</p> <p>4 change or modify any prior entries that you had</p> <p>5 made?</p> <p>6 A. I think somebody could but if they made</p> <p>7 the change, I think it would track it. So I don't</p> <p>8 think you could make changes with it. That's my</p> <p>9 understanding. If it's possible, I'm not aware of</p> <p>10 how.</p> <p>11 Q. Okay.</p> <p>12 A. But I think an administrator could</p> <p>13 unlock something but I would assume that that would</p> <p>14 be tracked, too.</p> <p>15 Q. Was it your practice to always document</p> <p>16 interactions when you were seeing patients?</p> <p>17 A. That was always my -- there were times</p> <p>18 that I would not be able to because of the workload,</p> <p>19 trying to go through and assess everyone, but</p> <p>20 because of the time constraints or how many people,</p> <p>21 there were times that I would not be able to.</p> <p>22 However, that being said, if there was</p> <p>23 ever a situation where there was something abnormal,</p> <p>24 I wouldn't -- I would always make sure that that was</p> <p>25 in.</p>	<p style="text-align: right;">17</p> <p>1 Q. How about something routine like</p> <p>2 checking somebody's vital signs, is that something</p> <p>3 you would chart in CorEMR?</p> <p>4 A. If I were in charge of booking,</p> <p>5 probably -- same rules there. If it were a busy day</p> <p>6 I wouldn't always get it done. On the days that</p> <p>7 were slower and that we had time to get everything</p> <p>8 caught up, but I would take vitals with everyone</p> <p>9 even if I didn't chart it.</p> <p>10 Q. Did you take vitals with everyone you</p> <p>11 saw?</p> <p>12 A. I want to say yes. I'm sure there's</p> <p>13 some times when I may have missed somebody but to my</p> <p>14 recollection I always hooked the tree around, the</p> <p>15 vitals tree, especially if it were a detox or one of</p> <p>16 the med cells. I can't say that for some of the</p> <p>17 intake cells where the people were sitting there</p> <p>18 waiting for -- to be moved somewhere but in med</p> <p>19 cells, yes.</p> <p>20 Q. How many inmates did you see on a daily</p> <p>21 basis?</p> <p>22 A. In booking it would just depend on how</p> <p>23 many inmates were brought in and how many were in</p> <p>24 med observation. And then if I didn't have booking</p> <p>25 and I had kites and tasks, which are the medical</p>

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<p style="text-align: right;">18</p> <p>1 requests that the inmates put in, that could range 2 anywhere from five to 25, just depending on the day. 3 Q. How is it that you would know what 4 inmates to see? 5 A. I don't remember if CorEMR or if -- 6 there's a new computer system that they put in that 7 they would be able to put it in on the kiosk. I 8 don't recall if that was active at the time. And, 9 if it wasn't, then they would put in a medical 10 request kite. There's a box in every single block 11 that they can just go up, grab one, fill it out and 12 then they put it into a little box that the deputies 13 get. So we'd get -- we call them kites because the 14 inmates would say they were flying us a kite or 15 flying a kite to whatever and they would -- we would 16 get those every day. We would see everyone for the 17 kites every day that came to us. 18 Q. You mentioned some different areas. One 19 was booking, one was med observation cells -- 20 A. Whoever had booking had med observation 21 cells. 22 Q. Okay. And then you also had just the 23 general population, right? 24 A. Yeah. We called it doing kites and 25 tasks.</p>	<p style="text-align: right;">19</p> <p>1 Q. Did people in the med observation cells 2 have to put in requests? 3 A. No. We would see them multiple times a 4 day, so whoever was in charge of that would go up 5 there. Initially they would do vitals on everyone 6 and then from there they would walk through multiple 7 times a day in booking to look over them. 8 Q. Does that mean that you went in and took 9 vitals on the inmates multiple times per day? 10 A. Each nurse normally would do it one 11 time. 12 Q. Any other times to check them to see if 13 they're responsive? 14 A. Skin color, if they were sleeping, if 15 there were respirations, if they were talking to 16 themselves or just anything abnormal. 17 Q. If it was abnormal, then you would note 18 it. 19 A. Yeah. 20 Q. If it was normal then -- 21 A. Then I wouldn't. 22 Q. In the medical observation cells was it 23 your practice to be more vigilant about charting 24 things? 25 A. It was my practice, yes. I tried. If I</p>
<p style="text-align: right;">20</p> <p>1 missed something it was either -- I can't think of a 2 situation but just if something crazy was going on, 3 maybe a suicide attempt or something in the back 4 where we were completely distracted for a little 5 bit. It would had to have been something really big 6 for me to miss it, though. 7 Q. Is the medical observation cell the same 8 as the detox cell? 9 A. Yeah. There's also some that are padded 10 where if we feel somebody is a danger to themselves 11 they would be there. And then for long-term stable 12 patients that we wanted to observe but we were a lot 13 more comfortable that they were stable, there were 14 some cells that you could still see in there but 15 they were different than the detox cells and they 16 were technically medical cells but the terms are 17 interchangeable. If they were brought up for 18 medical observation, we wanted direct eyes on them, 19 we would call one of the detox cells a medical cell 20 where the deputies in booking had constant visual on 21 them. 22 Q. Was there a deputy that would accompany 23 you when you would do visits in the med cells? 24 A. Yes. Every single time. I couldn't go 25 in there without a deputy.</p>	<p style="text-align: right;">21</p> <p>1 Q. What about when inmates came back to the 2 exam room? 3 A. There's a deputy there as well. 4 Q. Is that the same deputy throughout the 5 day? 6 A. No. It could be a different deputy. 7 Normally a deputy from booking would escort us in 8 booking and a deputy from the blocks would escort us 9 in the blocks. But it could, just depending on the 10 need. I guess one of them may come up from the 11 blocks to go around with us in booking but we 12 couldn't be alone. 13 Q. Okay. Were you able to enter the 14 charting with CorEMR from the medical observation 15 cells? 16 A. No. 17 Q. You would have to go back to the exam 18 room -- 19 A. Right. 20 Q. -- with your own computer? 21 A. Uh-huh. 22 Q. Is that yes? 23 A. Yes. 24 Q. My understanding is that Dr. Jim Larrowe 25 was the medical director for the county.</p>

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<p style="text-align: right;">22</p> <p>1 A. Uh-huh.</p> <p>2 Q. Is that a yes?</p> <p>3 A. Yes.</p> <p>4 Q. What's your understanding of what his</p> <p>5 role was?</p> <p>6 A. He was the doctor. You couldn't do</p> <p>7 anything without the doctor okaying it. As a nurse</p> <p>8 you don't have that authority. So if you see</p> <p>9 something, you call the doctor and ask what he wants</p> <p>10 to have done.</p> <p>11 Q. It is the doctor who is ultimately</p> <p>12 responsible for the inmates' care, correct?</p> <p>13 A. That's how the entire medical system is.</p> <p>14 Not just there but nurses at the hospital, everyone</p> <p>15 reports to a doctor.</p> <p>16 Q. Right.</p> <p>17 A. That's just part of the hierarchy.</p> <p>18 Q. And the nurses, before they administer</p> <p>19 medication, get an order from the doctor.</p> <p>20 A. Uh-huh.</p> <p>21 Q. Is that a yes?</p> <p>22 A. Yes.</p> <p>23 Q. And nurses before they draw blood have</p> <p>24 to get an order from the doctor?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">23</p> <p>1 Q. Nurses before they send anything out for</p> <p>2 some kind of test like an x-ray --</p> <p>3 A. Yes, they do.</p> <p>4 Q. Was there an x-ray at the jail?</p> <p>5 A. No. We had to send them to the</p> <p>6 hospital.</p> <p>7 Q. Was there any type of imaging capability</p> <p>8 at the jail?</p> <p>9 A. No. Not that I'm aware of.</p> <p>10 Q. If you take a blood draw how would you</p> <p>11 find the result of that?</p> <p>12 A. We would send it to our lab and they</p> <p>13 would send us the results.</p> <p>14 Q. What are nurses authorized to do without</p> <p>15 a doctor's order?</p> <p>16 A. The whole nurse structure is you can do</p> <p>17 a nursing assessment. We call it ADPI assessment.</p> <p>18 It's been a while since I did that. You're</p> <p>19 basically going through the same steps as a doctor</p> <p>20 in assessing, evaluating, implementing and going</p> <p>21 back and making sure that what is implemented</p> <p>22 occurred.</p> <p>23 You can do things like Gatorade if you</p> <p>24 feel like the patient is dehydrated, if you feel</p> <p>25 like the patient is -- there's nothing real medical,</p>
<p style="text-align: right;">24</p> <p>1 really, I guess. You're just going through and</p> <p>2 doing an assessment to look for simple things that</p> <p>3 they can discuss with them, how they could better</p> <p>4 handle a situation. Just do some general things</p> <p>5 like that. I don't know if that's very clear but --</p> <p>6 Q. Clear as mud. So this ADPI, that's an</p> <p>7 acronym?</p> <p>8 A. Yes.</p> <p>9 Q. A stands for assessment?</p> <p>10 A. Uh-huh.</p> <p>11 Q. The D stands for diagnosis?</p> <p>12 A. Right. So you've got a nursing</p> <p>13 diagnosis which is different than a doctor's</p> <p>14 diagnosis.</p> <p>15 Q. In what way is it difference?</p> <p>16 A. For instance, dehydration, for example.</p> <p>17 You don't necessarily have any supporting</p> <p>18 documentation like a lab result. You can't order</p> <p>19 lab results to be able to say a person is dehydrated</p> <p>20 but if they tell you, "I'm thirsty. I haven't been</p> <p>21 drinking a lot of water."</p> <p>22 So my diagnosis of dehydration may</p> <p>23 include talking to the doctor about it and getting a</p> <p>24 medical order for IV or something, something that I</p> <p>25 couldn't do as a nurse. But I could say, "Let's</p>	<p style="text-align: right;">25</p> <p>1 start pushing water. Let's have you drink. Let's</p> <p>2 get you some Gatorade." Does that clear it up any?</p> <p>3 Q. So using this hypothetical then, you</p> <p>4 could call the doctor and say, "Hey, I believe this</p> <p>5 patient is dehydrated. Can we go ahead and start an</p> <p>6 IV on them?"</p> <p>7 A. Right. If I felt like just standard</p> <p>8 things that a normal person could do, like drink</p> <p>9 water, were not going to be enough.</p> <p>10 Q. Would it be standard practice for you to</p> <p>11 make that type of a recommendation to a doctor?</p> <p>12 A. Yes.</p> <p>13 Q. And the doctor could say yes or no?</p> <p>14 A. Yes.</p> <p>15 Q. As far as planning goes, what does the P</p> <p>16 stand for?</p> <p>17 A. That's where you start to -- you're</p> <p>18 going to come up with what you're going to do. So</p> <p>19 if the plan is talk to the doctor, get orders, then</p> <p>20 that's what you're going to do. If the plan is to</p> <p>21 hydrate with Gatorade, that's what the plan is. So</p> <p>22 it's just what you're going to do to try and address</p> <p>23 the diagnosis that you came up with.</p> <p>24 Q. Okay. And what is the nurse's role in</p> <p>25 planning as opposed to the doctor's role in</p>

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<p style="text-align: right;">26</p> <p>1 planning?</p> <p>2 A. The nurse can't make any medical</p> <p>3 diagnoses, so to speak. So if they feel like a</p> <p>4 situation is needing more than just something</p> <p>5 simple, you have to talk to the doctor in order to</p> <p>6 see if he feels, number one, that something more</p> <p>7 needs to be done, or, if he agrees that you just</p> <p>8 need to do what you were going to do, push water or</p> <p>9 whatever. They're different. A nurse can't order</p> <p>10 things, so to speak, that isn't commonly available</p> <p>11 to the normal person at home, if that makes sense.</p> <p>12 Q. Sure. As a nurse was there such thing</p> <p>13 that you feel like a lot of times you knew what the</p> <p>14 inmate needed as far as treatment goes but you still</p> <p>15 needed to get a doctor's approval for that?</p> <p>16 A. On almost anything that was related to</p> <p>17 drugs, alcohol, blood pressures, there were very few</p> <p>18 options available to a nurse. You could just give</p> <p>19 the inmate what's available to the general</p> <p>20 population. So a majority of what I did, anyway,</p> <p>21 involved the doctor.</p> <p>22 Q. Okay. And those conversations with a</p> <p>23 doctor, specifically Dr. Larrowe, would that consist</p> <p>24 of you calling him? I'm going to break this down.</p> <p>25 Would you call him?</p>	<p style="text-align: right;">27</p> <p>1 A. Yes.</p> <p>2 Q. And my understanding is he was there at</p> <p>3 the jail one time a week?</p> <p>4 A. Most of the time two times a week.</p> <p>5 Q. Two times?</p> <p>6 A. Tuesday and Thursdays.</p> <p>7 Q. How many hours would he be there?</p> <p>8 A. Just depends on how many patients he had</p> <p>9 to see. I've seen him there for as short as maybe</p> <p>10 30 or 40 minutes and a couple of hours, maybe. Just</p> <p>11 depends on what he had, if there was something</p> <p>12 complex or not. I don't remember that very well.</p> <p>13 It's been a long time.</p> <p>14 Q. Did he ever send out a PA or nurse</p> <p>15 practitioner --</p> <p>16 A. Yes.</p> <p>17 Q. -- instead of him coming out?</p> <p>18 A. Yes.</p> <p>19 Q. How often did that happen?</p> <p>20 A. You know, that was so long ago. He</p> <p>21 hasn't had a PA or a nurse practitioner since</p> <p>22 before -- Amy, who was the nurse practitioner there,</p> <p>23 didn't want to come out so I couldn't tell you how</p> <p>24 long it's been but I think maybe the last one was</p> <p>25 Justin Brinkerhoff. That would be -- I don't</p>
<p style="text-align: right;">28</p> <p>1 remember, but very rarely before that. I mean</p> <p>2 Justin would come out at that time but that was, I</p> <p>3 believe, long before this ever happened.</p> <p>4 Q. So your memory was in 2014 it was mostly</p> <p>5 Dr. Larrowe who would come?</p> <p>6 A. I believe so. I could be wrong but --</p> <p>7 Q. Do you have any criticisms of the way</p> <p>8 that Dr. Larrowe handled inmates?</p> <p>9 MR. MYLAR: Objection. Lack of</p> <p>10 foundation.</p> <p>11 MR. WIGHT: Join.</p> <p>12 Q. You can still answer.</p> <p>13 A. No. I felt like he -- I think he was</p> <p>14 very fair with then. I know that there was even a</p> <p>15 time or two that my perspective was that the inmate</p> <p>16 was lying or that all the data that inmate was</p> <p>17 giving me was not correct but when he went before</p> <p>18 Dr. Larrowe he seemed to really get down and go</p> <p>19 through all of the data and listen to them. He</p> <p>20 would make decisions that from my initial assessment</p> <p>21 I wouldn't have come to without digging as deep as</p> <p>22 he dug, so I think he really tried to do what's</p> <p>23 right for the inmates.</p> <p>24 Q. All right. Circling back to where we</p> <p>25 were. We were on a little side tangent for a</p>	<p style="text-align: right;">29</p> <p>1 minute. You were talking about planning. So you</p> <p>2 had mentioned that you could call Dr. Larrowe. If</p> <p>3 he wasn't there on the site you could call him and</p> <p>4 you could have a conversation, correct?</p> <p>5 A. Yes.</p> <p>6 Q. As part of that conversation was it your</p> <p>7 practice to give him the medical history of the</p> <p>8 inmate that you were observing?</p> <p>9 A. Yes.</p> <p>10 Q. How about describing the symptoms that</p> <p>11 they were having?</p> <p>12 A. Yes.</p> <p>13 Q. Did you give him your thoughts on what</p> <p>14 was happening with the inmate?</p> <p>15 A. That would be standard for me, yes.</p> <p>16 Q. Did you also tell him, make</p> <p>17 recommendations as to what you thought would be</p> <p>18 appropriate treatment?</p> <p>19 A. I didn't. I know of nurses that will do</p> <p>20 that but unless -- I would question him if I thought</p> <p>21 maybe he was making a decision that because I hadn't</p> <p>22 explained things but I wouldn't just tell him I</p> <p>23 think you need to do this.</p> <p>24 Q. But if you had sensed that he had maybe</p> <p>25 not understood the situation as you did, then you</p>

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<p style="text-align: right;">30</p> <p>1 would kind of follow up and provide more 2 information, provide additional information. 3 A. Right. Or he would oftentimes, if he 4 didn't feel he understood it, he would say, "Okay, I 5 want you to go up and check this out and this out 6 and get more information for me." 7 Q. Okay. And then implementation, you 8 mentioned that is -- 9 A. That's when you take what the doctor 10 ordered and you actually do it. So if he says give 11 them blood pressure medication, you're going to 12 administer blood pressure medication. So that's the 13 implementation part. 14 Q. Are there some limitations in the jail 15 about implementing plans? 16 A. I'm not sure I understand. 17 Q. Let me give you a hypothetical. Let's 18 say Dr. Larrowe said to you, "Take a blood draw from 19 an inmate," but maybe his veins were scarred from 20 heroin use or some other thing and you were unable 21 to get the blood in that way, are there other 22 avenues you may have to try to follow up on 23 implementing that plan or do you abandon the plan or 24 what do you do? 25 MR. MYLAR: Objection. Lack of</p>	<p style="text-align: right;">31</p> <p>1 foundation. Incomplete hypothetical and calls for 2 speculation. 3 A. So in that situation I would always send 4 them to the hospital because they've got Doppler 5 ultrasound that they can find veins. So even there 6 I wouldn't say that we were limited because we have 7 an ER that was always available to us. 8 Q. And then the evaluation part of the ADPI 9 method, what does that entail? 10 A. You implement it. Sticking with the 11 blood pressure example, you're going to start 12 checking blood pressure and see if the blood 13 pressure starts to improve over the next day or two. 14 You're going to be tracking to see if what was 15 implemented is working. And, if it's not, you're 16 going to start over and start going through it. If 17 it's working, you're going to keep tracking it and 18 really kind of just goes from there. It doesn't 19 circle back around. 20 Q. You take a step back and you look and 21 see is what we're doing working? 22 A. Right. 23 Q. If not, what can we do different? 24 A. Right. 25 Q. How often should you in a shift or in a</p>
<p style="text-align: right;">32</p> <p>1 week or in a day take that evaluation status where 2 you're looking at what you're doing? 3 A. It depends on what you're implementing. 4 If it's like a blood pressure medication, some of 5 those can be as effective as they're going to be in 6 a half hour. Some of them are going to take three 7 or four days to build up enough in the blood to 8 change it, so it just depends on what it is you're 9 implementing how quickly you feel you need to circle 10 around. 11 Q. And the doctor isn't out there every day 12 so the nurse has to make that judgment call. 13 A. It's the same in any medical situation, 14 care center or whatever it is, the doctor is not 15 there every day. 16 Q. As a nurse do you consider yourself the 17 eyes and ears of the doctor? 18 A. Yes. 19 Q. And along with that requires critical 20 thinking, correct? 21 A. Yes. 22 Q. Analysis? 23 A. Uh-huh. 24 Q. Is that a yes? 25 A. Yes. Sorry.</p>	<p style="text-align: right;">33</p> <p>1 Q. Have you reviewed any documents in 2 preparation for your deposition? 3 A. I looked over my assessment, my initial 4 assessment and then the note that I did to send him 5 to the hospital. 6 Q. You did his initial assessment and 7 booking? 8 A. Yes. 9 Q. Did anything stand out to you in that as 10 being -- 11 A. Abnormal? 12 Q. Yeah. 13 A. No. The patient -- I actually remember 14 him coming in. I had seen him before. I had 15 multiple interactions with him. Not always on a 16 medical. Just we like to talk to people. He denied 17 having done anything. The officer I remember 18 saying, "He says he hasn't done anything but we have 19 been told that he did heroin a couple of days ago." 20 Q. So on the intake form it says that he 21 had done heroin a couple of days ago. Let me pull 22 it up. Page 488, are these your intake answers out 23 of CorEMR? 24 A. Oh, yeah. 25 Q. Okay.</p>

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<p style="text-align: right;">34</p> <p>1 A. It is. He said -- and I remember this. 2 I did not put the officer but it should have said 3 officer because he denied the substance abuse. 4 That's why I marked no. But then he also denied the 5 signs and symptoms of withdrawal when I asked him, 6 too, but he denied any substance use. The officer 7 is where I got this from. The officer states that 8 he took heroin two days ago but the patient still 9 denied any signs or symptoms. Like, "No, I'm not 10 withdrawing." 11 Q. Did you observe any signs or symptoms of 12 withdrawal? 13 A. I did not. 14 Q. Is it your understanding that signs and 15 symptoms of withdrawal from alcohol typically begin 16 48 to 72 hours? 17 A. Yes. That was heroin, though. 18 Q. Is it different with heroin? 19 A. Yes. 20 Q. How long is that? 21 A. You start to get symptoms -- depends on 22 how heavy their use is but you can get symptoms as 23 soon as four or five hours afterwards. Normally 24 24 to 48 hours later you're in full-blown withdrawal. 25 But it is different than alcohol. I wasn't cued</p>	<p style="text-align: right;">35</p> <p>1 into any alcohol on that. 2 Q. It may take a little while longer to get 3 started. 4 A. Yeah. 5 Q. The heroin starts really quickly. Does 6 the heroin withdrawal end quicker than alcohol 7 withdrawal? 8 A. Not necessarily. Depends on the person. 9 Each person metabolizes the opioid. Now we're 10 getting into knowledge after. 11 Q. Okay. And that's fine. I am curious 12 about that so I want to -- 13 A. Some people can take seven, eight, nine 14 days to clear the opioid out of their system. 15 Alcohol withdrawal, that one is a lot more 16 dangerous. Where no one really dies from opioid 17 withdrawal, you can die from alcohol withdrawal. So 18 normally, in my setting, if I suspected that someone 19 was going through opioid withdrawal, I would expect 20 eight to nine days. 21 For alcohol, depends on how quickly you 22 get the medication in. If you get medication 23 quickly, you can take them out of withdrawal pretty 24 quick. There again, depends on how the body 25 responds to the medication and you have to give it</p>
<p style="text-align: right;">36</p> <p>1 time to work to reverse things. But alcohol 2 withdrawals typically -- I would say that I don't 3 have as firm of dates on alcohol. 4 Q. And by medication, do you mean 5 benzodiazepine? 6 A. Yeah. 7 Q. And if you get it into them, how long 8 would you expect their symptoms to continue? 9 A. Well, there again -- 10 Q. What's the range? 11 A. If the person wasn't doing better after 12 a couple days I would get them out of my care and 13 send them to the hospital. 14 Q. If a person started withdrawal symptoms 15 14 days after their last drink, would you think it 16 was withdrawal symptoms? 17 A. No, I wouldn't. Do you mind if I tell 18 you what I would be thinking, though? 19 Q. Sure. 20 MR. MYLAR: Just wait until he asks the 21 question. 22 A. A jail setting is kind of a special 23 situation where they can get illegal things down in 24 the blocks. 25 Q. Sure.</p>	<p style="text-align: right;">37</p> <p>1 A. So if someone came in and they hadn't 2 gone through withdrawals and they presented 14 days 3 later with those symptoms I would think they had 4 been getting and maintaining the alcohol level 5 somehow in the block. I would think that's a 6 possibility. 7 Q. Okay. Would you investigate as to 8 whether that was in fact the case? 9 A. What do you mean? 10 Q. I mean would you try to confirm that -- 11 let me give you some background. We had Deputy 12 Lyman in here and he told us about homemade alcohol 13 and black tar heroin and other things. Would you 14 try to confirm whether or not they had received 15 those types of things? 16 A. How -- I'm not sure what you're asking. 17 Q. Would you ask them? 18 A. I would ask them. I wouldn't expect 19 them to admit to it. 20 Q. What if they had been in a block 21 lockdown? 22 A. In that situation the deputies would go 23 in, turn up the whole room to try and find 24 something. It's a little different than being in a 25 room of 60 people.</p>


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<p style="text-align: right;">38</p> <p>1 Q. Right. Were you aware that Mr. Crowson 2 had been in a block lockdown -- 3 MR. MYLAR: Objection. Assumes facts 4 not in evidence. Go ahead. 5 A. I didn't know that. 6 Q. Would that be something that you would 7 want to consider in determining whether you thought 8 it was from withdrawal? 9 A. There again, it's kind of difficult -- I 10 wouldn't know how long they'd in there and I don't. 11 You would really have to get down and start pulling 12 up history. When you're trying to deal with a 13 patient who is struggling, you don't really have all 14 that time to just go back and research all the 15 different facts. And so your first priority is the 16 patient, to try and stabilize them. So even though 17 you're trying to get a good history, sometimes the 18 priority doesn't go there first. 19 Q. In the jail setting did you ask the 20 deputies what they knew about that? 21 A. Oh, yeah, there's open communication. 22 Q. Did you have access to the Spillman 23 records? 24 A. I did. That was not something that I 25 got into very often.</p>	<p style="text-align: right;">39</p> <p>1 Q. Why not? 2 A. I just deal with the patients. And the 3 other thing is -- my personal is that I didn't want 4 to mix the two, medical versus corrections. When a 5 patient came down to me, he was full medical. I 6 didn't care what he had done, where he was. My 7 focus was there. 8 Q. Did you notice anything abnormal about 9 Mr. Crowson during the process on June 11, 2014? 10 A. No. 11 Q. He seemed alert and oriented? 12 A. Uh-huh. 13 Q. Is that a yes? 14 A. Yes. 15 Q. Did it seem like he was under the 16 influence of any substances? 17 A. At the time, no. 18 Q. Was he compliant with instructions? 19 A. I don't really give instructions. I 20 just ask questions. He seemed fine to me. 21 Q. Did you notice anything about his 22 inability to respond appropriately? 23 A. He seemed normal. 24 Q. Okay. I'm looking at page 501, just for 25 the record here. These are the CorEMR notes. It</p>
<p style="text-align: right;">40</p> <p>1 looks like you didn't see him medically until 2 7-1-14, July 1, 2014. 3 A. Okay. 4 Q. Is that accurate? 5 A. The intake, is that what you're talking 6 about? 7 Q. After intake. Then you don't see him 8 again until the 21st. 9 A. That's accurate. 10 Q. Okay. Do you have any independent 11 memory of seeing him anytime other than booking 12 around July 1st? 13 A. I don't. 14 Q. Okay. What time did you come on shift 15 on July 1st? 16 A. My shift started at seven. I don't know 17 what time I got there. 18 Q. This chart note says it was at 2:15 p.m. 19 Do you know if that was the time you saw him or if 20 that was the time that you charted? 21 A. That was the time I charted. 22 Q. So you probably saw him earlier in the 23 day? 24 A. If I remember right, it was in the 25 morning on my initial rounds. I'd have to see what</p>	<p style="text-align: right;">41</p> <p>1 time the hospital actually saw him. 2 Q. Okay. You wrote down he was able to 3 verbalize multi-word answers. 4 A. Uh-huh. 5 Q. But physical movement is delayed. 6 A. Right. 7 Q. Describe what you think was a movement 8 that was delayed. 9 A. Describe, I'm not sure what -- let's say 10 I were to hand him a cup to take a drink. The hand 11 wouldn't just reach out and grab it. It would be 12 delayed. It was kind of slow motion to grab the 13 cup. I mean he was still answering, doing 14 appropriate things. Everything just seemed delayed, 15 as I recall. That part I don't remember as well as 16 I probably want to. 17 Q. There's nothing in here about his 18 vitals. 19 A. Yeah. So on that -- I do vitals on 20 rounds. With him I went in, saw the obvious 21 symptoms and immediately called the doctor because 22 they were severe enough, in my mind, that I just 23 wanted to get him out and over to the hospital. 24 Q. Why did you think they were severe? 25 A. Because he'd been there two days and on</p>

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<p style="text-align: right;">42</p> <p>1 the third day is when I would have really had my red 2 flags up anyway. So I just thought through it and I 3 figured in that time let's talk to the doctor to 4 send him. 5 Q. So, in your mind, changed mental status 6 that's been going on for two days, that's a basis to 7 send him to the hospital. 8 A. Yes. 9 Q. Did you call Dr. Larrowe? 10 A. Yes, I did. 11 Q. And did you recommend to Dr. Larrowe 12 that he send the patient to the hospital? 13 A. I don't recall the exact conversation. 14 I would assume that's how it went. Normally, I just 15 call and say, "Hey, this patient is demonstrating 16 this. He's been there for a day or two. I'm 17 concerned. I'd like to get a second opinion on it." 18 And he would say, "Send him to the ER." I don't 19 recall the exact conversation, no. 20 Q. Did he hesitate at all to send him to 21 the ER? 22 A. He never does hesitate to send them 23 to -- my thoughts on Dr. Larrowe is that he always 24 errs on the side of caution, always. I can't recall 25 a single time that even with something simple that</p>	<p style="text-align: right;">43</p> <p>1 could have a negative outcome, that he delayed and 2 said, "All right, just keep them there." 3 Q. Okay. This is a little different than 4 the other ones. At the end of this -- 5 MR. MYLAR: What number again? 6 MR. SCHRIEVER: 501. 7 Q. You've actually got -- where it says 8 R. Borrowman, RN, is there a reason that you put 9 your name in there? 10 A. Most of the time I do that whenever I 11 put a note in. I don't know if you have any other 12 notes but that was pretty much my standard. 13 Q. Okay. Are you aware of anything else 14 that happened in Mr. Crowson's charting after he 15 left the jail? 16 A. (Indicating in the negative.) 17 Q. Is the answer no? 18 A. No, I don't recall anything. 19 Q. Have you ever spoken with him since that 20 you recall? 21 A. Not that I recall. 22 Q. Have you ever talked with Dr. Larrowe 23 about this particular patient? 24 A. No. 25 Q. Have you ever talked with Michael</p>
<p style="text-align: right;">44</p> <p>1 Johnson about this case? 2 A. No. 3 Q. How about Josh Billings? 4 A. Josh Billings, not that I -- I don't 5 think so. 6 Q. You made a funny-looking face when I 7 asked about Josh Billings. 8 A. Josh Billings is not one that I would 9 even normally talk to about things like this so I 10 just thought it was interesting that you would even 11 bring his name up. 12 Q. Was he a nurse at the jail? 13 A. Yeah. 14 Q. Did he work there at the same time that 15 you did? 16 A. Yeah. 17 Q. Do you know whether he ever saw 18 Mr. Crowson? 19 A. I don't know. If I did talk to him 20 about it -- 21 Q. You don't recall or you don't know? 22 A. Yeah. 23 Q. Okay. Just walk me through quickly the 24 process of sending Mr. Crowson to the ER on July 25 1st.</p>	<p style="text-align: right;">45</p> <p>1 A. So I see that something's the matter. 2 Call Dr. Larrowe. He gives the order to send to the 3 ER. And at that point the deputies take over and 4 they have whatever responsibility they have for 5 making sure the patient's not going to try to 6 escape. I think they handcuff them, put leg cuffs 7 on and stuff like that and then once the doctor's 8 orders are given we let the deputies know or we call 9 911, depending on the severity. And, to be honest, 10 I don't recall how we sent him here. 11 Q. Okay. Do you have any reason to either 12 like or dislike Mr. Crowson? 13 A. No. Neither for or against. I know he 14 was like a lot of inmates who were pretty high 15 maintenance. He would always -- I mean if he had 16 even a little sniffle he would want to be down. But 17 that never made me dislike anybody. I just figured 18 they're human. I know that I've become even a baby 19 when I've had a cold. 20 Q. Do you know of anyone else at the jail 21 that did not like Mr. Crowson? 22 A. If there was, I never talked to them. I 23 don't recall anybody. 24 MR. SCHRIEVER: All right. Those are 25 all the questions I have for you.</p>

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<p style="text-align: right;">46</p> <p>1 MR. MYLAR: Do you have any?</p> <p>2 MR. SCHRIEVER: He represents</p> <p>3 Dr. Larrowe.</p> <p>4 EXAMINATION</p> <p>5 BY MR. WIGHT:</p> <p>6 Q. Just to follow up on 501, 502. There</p> <p>7 are no entries related to Mr. Crowson for the 26th</p> <p>8 or the 27th of June. Do you know whether you were</p> <p>9 working those days?</p> <p>10 A. Most likely -- if I was working I was --</p> <p>11 I hadn't had booking for a while. That's one thing</p> <p>12 I remember about this date. So, if I had been</p> <p>13 working, I was probably in the block doing kites and</p> <p>14 tasks.</p> <p>15 Q. And you don't know who was working those</p> <p>16 days in the booking area?</p> <p>17 A. I don't.</p> <p>18 MR. WIGHT: All right. That's all I</p> <p>19 have. Thank you, sir.</p> <p>20 MR. MYLAR: I don't have any.</p> <p>21 (Whereupon the taking of this deposition was</p> <p>22 concluded at 1:55 p.m.)</p> <p>23 Reading copy submitted to Mr. Mylar.</p> <p>24 Original transcript submitted to</p> <p>25 Mr. Schriever.</p>	<p style="text-align: right;">47</p> <p>1 C E R T I F I C A T E</p> <p>2 STATE OF UTAH)</p> <p>3)</p> <p>4 COUNTY OF)</p> <p>5 I HEREBY CERTIFY that I have read the</p> <p>6 foregoing testimony consisting of 44 pages,</p> <p>7 numbered from 3 through 46 inclusive, and the same</p> <p>8 is a true and correct transcription of said</p> <p>9 testimony except as I have indicated changes on the</p> <p>10 enclosed errata sheet.</p> <p>11</p> <p>12</p> <p>13 RYAN T. BORROWMAN</p> <p>14</p> <p>15</p> <p>16 Subscribed and sworn to at</p> <p>17 this day of , 2018.</p> <p>18</p> <p>19</p> <p>20 Notary Public</p> <p>21</p> <p>22 My Commission Expires:</p> <p>23</p> <p>24</p> <p>25 * * *</p>
<p style="text-align: right;">48</p> <p>1 C E R T I F I C A T E</p> <p>2 STATE OF UTAH)</p> <p>3)</p> <p>4 COUNTY OF SALT LAKE)</p> <p>5 THIS IS TO CERTIFY that the deposition of</p> <p>6 RYAN T. BORROWMAN was taken before me, Linda</p> <p>7 Van Tassell, Registered Diplomate Reporter and</p> <p>8 Notary Public in and for the State of Utah.</p> <p>9 That the said witness was by me, before</p> <p>10 examination, duly sworn to testify the truth, the</p> <p>11 whole truth, and nothing but the truth in said</p> <p>12 cause.</p> <p>13 That the testimony was reported by me and that</p> <p>14 a full, true, and correct transcription is set</p> <p>15 forth in the foregoing pages, numbered 3 through 46</p> <p>16 inclusive.</p> <p>17 I further certify that I am not of kin or</p> <p>18 otherwise associated with any of the parties to</p> <p>19 said cause of action, and that I am not interested</p> <p>20 in the event thereof.</p> <p>21 WITNESS MY HAND at Salt Lake City, Utah, this</p> <p>22 18th day of April, 2018.</p> <p>23 </p> <p>24 Linda Van Tassell</p> <p>25 RDR/RMR/CRR</p>	

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